## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

|  |           |        |  | ·   |                                |                            |  |
|--|-----------|--------|--|---|--------------------------------|----------------------------|--|
| Establishmen<br>HUGH E BIR                               |           | C      |  | Telephone Number  Est 502-296-4590  | Date of<br>Inspection          | ID#                        |  |
| Address<br>324 E MARKI                                   | ET ST, NE | W ALBA | ANY IN 47150   | Own 502-296-4590  | 07/05/2022                     |                            |  |
| Owner<br>HUGH BIR CA                                     | A FÉ INC  |        |  | Purpose<br>X Routine  | Follow Up<br>08/08/2022        | <b>Released</b> 07/05/2022 |  |
|  |           |        |  | ┥ ── ↓  |                                | 07.00.2022                 |  |
| Owner's Address<br>324 E MARKET ST NEW ALBANY, IN 47150- |           |        |  | Follow-up Complaint   |                                |                            |  |
| Person in Charge<br>HUGH E. BIR                          |           |        |  | Pre-Operational   |                                |                            |  |
|  |           |        |  | Temporary   | Menu Type                      |                            |  |
| Responsible Person's Email                               |           |        |  | HACCP   | 1 <u>X</u> 2 <u> 3 4 5 </u>    |                            |  |
| Certified Food   | d Handler |        |  | Other (list)  |                                |                            |  |
|  |           |        | LIST AND NARRATIVE COLUMNS MARKED "C" CTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND I  | N THE NARRAIVE COLUMN MARKED AS "R"   |                                |                            |  |
| Section #  | C         | NC     | R Narrative  |   | То Ве С                        | orrected                   |  |
| 423  |           | Х      | Observed living quarters opening directl needs to be installed to seperate spaces a  | -   | 1 month                        | 1 month                    |  |
| 324  | Х         |        | one area to another. Exterior door must be Observed the grease trap leaking when 3 Grease trap needs to be cleaned and reparations.                                    | -comparment sink was draining.  | nent sink was draining. 3 days |                            |  |
|  |           |        | must be replaced.  | ined. If it cannot be repaired it   |                                |                            |  |
| 343  | Х         |        | Observed no handsink in side bar. This a bottled or canned drinks. No mixed drinl in kitchen. The first compartment of the   | s or prep. Observed no handsink   |                                |                            |  |
|  |           |        | designated as the handsink, for handwas<br>should be used to wash and rinse dishes   |   | nt                             |                            |  |
| 345  | Х         |        | It was discovered when talking to staff the bar handsink. This is for handwashing or first compartment of bar 3-comp sink.   | _   | today                          |                            |  |
| 404  |           | Х      | Observed coving board had fallen off the   | wall behind har in side har area  | 1 month                        | 1 month                    |  |
| 411  |           | X      | Observed 3 light fixtures in side bar area   |   |                                | 1 week                     |  |
|  |           |        | Measured lighting above 3 comp sink at at 10 ftc. 70 ftc is required in these areas bulbs(1week). Install additional light about 10 ftc.                               | 8 ftc. Measured lighting in kitcher<br>. Repace led bulbs with brighter                                       |                                |                            |  |
| 413  |           | X      | Observed side exterior door to not be we be padlocked. This may be an issue with fire marshall needs to be contacted for re on west side to have a damaged door sweet. | ell fitted and containing gaps and to<br>emergency egress. The fire dept/<br>equirements. Observed front door | o 30 days                      |                            |  |
| 430  |           | Х      | Observed ceiling in entryway of west sic<br>and brittle. Observed peeling paint in wa<br>leaking and causing mold in the side bar                                      | de front door to be water damaged alk-in cooler room. Observed roof   | 30 days                        |                            |  |
| 426  |           | X      |  | Observed items that are not used for food prep or kitchen processes stored                                    |                                | 1 week                     |  |
| 309  |           | X      | Observed no exhaust fan in woman's res   | troom.  | 30 days                        | 30 days                    |  |
| 399  |           | Χ      | Observed an absorbant material used as a woman's restroom.   |   | -                              |                            |  |
| 346  |           | Χ      | Oberved no handsoap at bar's handsink.   |   |                                |                            |  |
| 297  |           | Χ      | Observed beer cooler's in bar to have wa cleaning.   | ter in the bottom and in need of  | 1 week                         |                            |  |
| 136  | Χ         |        | Observed employee food not clearly sep-  |   | 4 days                         |                            |  |
| 119  |           | Χ      | Observed food establishment's kitchen b<br>Kitchen can only be used to prepare food  |   | Today                          |                            |  |

## Retail Food Inspection Report

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| Establishment Name HUGH E BIR CAFÉ INC  Address 324 E MARKET ST, NEW ALBANY IN 47150  Owner HUGH BIR CAFÉ INC  Owner's Address   |  | Telephone Number  Est 502-296-4590  Own 502-296-4590  Purpose  X Routine  Follow-up | Date of<br>Inspection<br>07/05/2022<br>Follow Up<br>08/08/2022 | ID#  Released 07/05/2022 |  |  |  |  |  |
|--|--|---|--|--------------------------|--|--|--|--|--|
| 224 E MARKET ST NEW ALBANY, IN 47150-  Person in Charge HUGH E. BIR  Responsible Person's Email  Certified Food Handler N/A  | S MARKENICH  | Complaint Pre-Operational Temporary HACCP Other (list)                              | Menu Type 1 <u>X</u> 2 <u>3 4 5 </u>                           |                          |  |  |  |  |  |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"  Section # C NC R Narrative  To Be Corrected |  |   |  |                          |  |  |  |  |  |
|  |  |   |  |                          |  |  |  |  |  |
| Summary of Violations C 4 NC 11 R 0  |  |   |  |                          |  |  |  |  |  |
| Received by (name and title printed):  | Inspected by (name and title printed): Thomas Snider CFS |   |  |                          |  |  |  |  |  |
| Received by (signature):   |  | Inspected by (signature):   | nae Snider   |                          |  |  |  |  |  |
| cc:  | cc:  |   | cc:  |                          |  |  |  |  |  |